

## CA

4. PROPOSED EFFECTIVE DATE	July 1, 2000
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☒ AMENDMENT

a. FFY	2000-01	\$	<del>30,000,000</del>	\$0	PJD
b. FFY	2001-02	\$	<del>30,000,000</del>	\$0	

~~Supplement 5 To Attachment 4-19-B, Pgs.~~  
~~1-4~~ RJD

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Supercedes Page 58

100 Percent Cost-Based Reimbursement to Eligible Clinics Under The Section 1115 Waiver Medicaid Demonstration Project for Los Angeles County

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

The Governor's Office does not wish to review State Plan Amendments

1. NAME: Gail L. Margolis

Deputy Director, Medical Care Services

Department of Health Services  
Attn: SPA Coordinator  
714 P Street, Room 1640  
Sacramento, CA 95814

**FOR REGIONAL OFFICE USE ONLY**

18. DATE APPROVED: 4/10/01

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL: *Laren Fuller*

22. TITLE: Associate Regional Administrator  
Division of Medicaid

21. TYPED NAME:  
Linda Minamoto

23. REMARKS:

Revision: HCFA – PM – 93 – 6

(MB)

OMB No.: 0938 –

August 1993

State/Territory:

CaliforniaCitation

42 CFR 447.201  
 42 CFR 447.302  
 52 FR 28648, 1902 (a) (13) (E)  
 1903 (a) (1) and  
 (n), 1920, and  
 1926 of the Act

4.19 (b) In addition to the services specified in paragraphs 4.19 (a), (d), (k), (l) and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902 (a) (13) (E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905 (a) (2) (C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA – Pub. 45 – 6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the methods of payment and how the agency determines the reasonable cost of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902 (a) (13) (E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these facility services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902 (a) (10) and  
 1902 (a) (30) of the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

SUPPLEMENT 2 to ATTACHMENT 4.19-B describes the methods and standards used for the payment of prescribed drugs dispensed by pharmacists.

SUPPLEMENT 3 to ATTACHMENT 4.19-B describes the standards and methods used to adjust claiming for the federal drug rebate program.

SUPPLEMENT 4 to ATTACHMENT 4.19-B describes the methods and standards used for establishing payment rates for rehabilitative mental health services for seriously disturbed children screened under the early periodic diagnosis, screening and treatment program and served through the Short-Doyle/Medi-Cal program.

SUPPLEMENT 5 to ATTACHMENT 4.19-B describes the methods and standards used for reimbursement at 100 percent of reasonable costs to clinics providing specified Medi-Cal ambulatory services to Medi-Cal beneficiaries and are operated by, or contracted with a county participating in a sub-state Medicaid Demonstration Project authorized under Section 1115 of the Act.